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## ORIGINAL ARTICLES.

### A Plea for Successful Surgery in Private Practice.

Read before the Topeka Academy of Medicine and Surgery February 12, 1894.

BY

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The large amount of successful surgical work done in and reported from our public and private hospitals might tend to mislead those who had not studied the matter carefully, or who had not had an opportunity to observe or hear from the successfull work done by the surgeon in private practice, outside of well-regulated hospitals.

We admit that the work and care of the surgeon is reduced to the minimum by being able to do his work in a well-regulated hospital with a full corps of assistants and trained nurses at his command and with an aseptic operating room, patent sterilizers, etc., always ready for use; but our plea is that by an extra effort, and due diligence and care on the part of the surgeon, just as successful work can be done at the residence of the patient or other suitable place, and while we do not underrate the advantages and convenience and comforts of the hospital, yet we do not consider them a necessity, but a convenience. Many a worthy operable case is deterred from submiting to a surgical operation because they are informed that it necessitates their entering a hospital, the thought of which is repulsive to them and the expense of which they do not feel able to defray. These fears are not well founded, but they exist, and to substantiate the position taken, I herewith submit brief clinical reports of a few cases taken from my case book of operations made in private practice outside of hospitals. Some of these, as will be observed, were emergency cases; while in others plenty of time was given for preparation of room and patient.

The preparation of the surgeon and of his assistants, of his instruments, sponges, ligatures and dressings, and the preparation of patient and sterilization of water used, must be as completely and carefully done in hospitals as in private practice; and it is to call your attention to the possibility of accomplishing this, as well as of preparing a suitable operating room that I present this paper.

The following description of preparation of operating rooms and patients in cases one and two will answer for all, varying only as circumstances and environments would indicate:

CASE I. *Operation for strangulated hernia, together with operation for radical cure, January 13, 1892.*

James S., farmer, aged seventy-one, had suffered from right oblique inguinal hernia for several years, which had been retained by suitable truss fairly well. Became strangulated January 10th, and all efforts at reduction by attending physicians failed and the case was referred to me by them for operation. The residence of Mr. S., where the operation was performed, was an old one, and not built or maintained with strictly aseptic principles. As soon as an operation was determined upon, one room was selected as an operating room and made as clean as possible by removing all superfluous furniture, scrubbing the floor and all woodwork with antiseptics, and having the walls and ceiling wiped clean as possible, and such

furniture as could not be removed covered with clean sheets, and the patient was bathed and dressed with clean clothing; an operating table was extemporized and covered with a clean sheet. Water, sterilized by boiling, was provided in abundance; and in two hours we were ready for the operation. The pubes and parts surrounding the field of operation were shaved and thoroughly scrubbed, and then washed with alcohol and then with ether. An incision was made over the most prominent portion of the hernial tumor, extending about three-fourths of an inch above the internal ring and obliquely downward and inward in the line of the inguinal canal, about three-fourths of an inch below the tumor. When the sac was reached, the point of the index finger of left hand was passed up to and a little into the stricture, and it was divided sufficiently to relieve the strangulation. The hernial sac was then opened, and the intestine being viable, it was returned into the abdominal cavity. The sac was tied off close to the internal ring and returned inside the ring. The edges of the ring were then freshened and together with the divided external and internal oblique muscles the fascia and integument brought together with strong silk-worm gut, which included all; this brought the parts close together. The wound below the ring was closed with the same kind of sutures. Primary union was obtained throughout the entire wound, and now, two years after the operation, there has been no return of the hernia.

CASE II. *Laparotomy for rupture of a large right ovarian cyst, December 31, 1892.*

Mrs. N. W., farmer's wife, aged twenty-eight, mother of three children, youngest fourteen months old, had noticed enlargement of right side for two or three years. On the third night, prior to operation, while turning in bed, felt the sensation of "something giving away" in right side, with immediate and continuous pain and tympanitis. The family and consulting physicians diagnosed a ruptured abscess or a ruptured tubal pregnancy, and I was sent for for to operate. It was an emergency case. Pulse 130, temperature 103° F., respiration 30 per minute, with a pinched and anxious expression of countenance.

An operating room was prepared in the old farm house by removing furniture from one room, scrubbing it thoroughly and covering the old floor with salt. The patient was prepared hastily, but thoroughly, and water used that had been thoroughly sterilized by boiling. Upon opening the abdominal cavity, it was found filled with a dark, thick semifluid substance, the contents of the ruptured cyst, probably about two gallons in all. The ruptured cyst attached to right broad ligament and including the right ovary, was ligated with a double ligature. Abdominal cavity thoroughly irrigated and closed without drainage. Primary union was obtained and the patient made an uneventful and complete recovery.

CASE III. *Double ovariotomy for cystic degeneration of ovaries, and salpingitis.*

Mrs. R., aged twenty-seven, married, nine years sterile. Pelvic pain had been so severe that she had resorted to the use of morphine for relief so long that she had acquired the morphine habit. Operation performed in a room prepared for that purpose in a third class hotel, January 19, 1892. Primary union was obtained, and the patient made an uneventful and satisfactory recovery, and was also cured of the morphine habit.

CASE IV. Mr. R. G. F., single, aged thirty-one; operated on March 24, 1891, at his residence for tubercular enlargement of glands of neck. Extensive dissection was required, but as the glands had not broken down, they were removed entire, and by the usual precautions we had an aseptic wound that healed without suppuration.

CASE V. *Bilateral craniotomy for microcephalous and resulting epilepsy.*

F. B. J., male child, aged four years. An epileptic since a month ago, supposed to have been produced by a fall. Operation was done in a private room prepared for the purpose extemporaneously. The subsequent course of the case demonstrated the fact that the operation had been aseptic.

CASE VI. *Laparotomy for double ovarian cystic fibroid tumors.*

Mrs. M. B. D., widow, aged seventy-one,

was operated on December 20, 1892, in private room in city prepared for the occasion. The tumor of right side weighed about eight pounds, the left one about two pounds. We obtained primary union throughout and patient made an uneventful and satisfactory recovery.

Case VII. *Large submucous uterine fibroid.*

Mrs. J. F. T., married, aged thirty, mother of two children, youngest twelve years of age, was operated upon August 2, 1891, in room of private residence in city. Patient and room thoroughly prepared, and with patient in Sim's position, tumor was removed with the ecrasure. No septic condition followed, and the patient made an uneventful and satisfactory recovery.

Case VIII. *Laparotomy for large right ovarian cyst, weighing twenty-four pounds.*

Miss L. H., aged fifteen, single, was operated upon March 24, 1892, in a room in private residence in city. The right ovary was removed with cysts, as it was incorporated in it. Primary union was obtained and the recovery was uneventful and satisfactory and now, two years after, the girl is in perfect health, and has menstruated regularly ever since operation.

Case IX. *Tubercular abscess of left knee.*

Mrs. E. H., widow, aged eighty, mother of three children, was operated on May 12, 1891, in private residence in city. Operation through curettment, iodoformization, packing and drainage. On account of some defect in the technique, we had some suppuration, but the results and recovery were satisfactory, though rather tardy.

Case X. *Large fibroid tumor of right thigh.*

Mrs. E. C., aged thirty-two, married. Operation performed in private residence July 1, 1891. Primary union except at point of drainage, which later became infected, but recovery was satisfactory.

Case XI. *Amputation of penis for epithelioma.*

T. L., married, aged thirty-four. Operated on in private room in city on July 15, 1891. No infection of wound, and with the exception of slight hemorrhage on the second night after operation, resulting from an erection, the recovery was entirely satisfactory.

Case XII. *Amputation of arms in upper third of humerus.*

C. B., boy, aged sixteen, was run over by railroad train and arm terribly mutilated, and became infected by laying on the ground several hours, and then by being transported forty miles in an old box car. Amputation October 1, 1892, in a private room in residence. Had slight suppuration in one angle of wound, probably from failure to thoroughly cleanse wound, but recovery was prompt and satisfactory.

Case XIII. *Operation for radical cure of a large direct inguinal hernia.*

A. M., aged twenty-seven, married. Operation performed at private residence May 2, 1892. Primary union was obtained, and now, after nearly two years, the cure remains perfect.

Case XIV. *Laparotomy for fibro-cystic degeneration of ovaries with salpingitis and extensive adhesions.*

Mrs. P., married, aged thirty-eight, multipara, had been confined to bed for over one year prior to operation. Operation performed March 24, 1891, at private residence in city. Primary union was obtained and recovery was satisfactory, though retarded by an old coccydynia, and extensive hemorrhoids with rectal fissures that yielded readily to subsequent treatment.

Case XV. *Laparotomy for fibro-cystic degeneration of ovaries.*

Mrs. G., aged forty-two, married, multipara. Operated on at private residence July 5, 1892. Primary union was obtained. No septic condition, and recovery progressed satisfactorily for several days, when an acute gastritis set it, as the result of improper feeding, which terminated fatally; but the unfavorable termination was not dependent on any septic condition.

Case XVI. *Vaginal Hysterectomy for uterine sarcoma involving cervix.*

Mrs. C., aged thirty, married nine years, sterile, was operated upon October 31, 1893, in a room in private residence. There was no infection of peritoneal cavity, but the vaginal wound became infected and produced

a vesico-vaginal fistula which healed readily after a subsequent operation for it. I believe that it is almost impossible to make the vagina so completely aseptic that infection of that portion of the wound will not occur. With this exception, (which was not dependent upon the room or surroundings,) the patient made a complete and satisfactory recovery from the operation, though I am informed by the family phpsician that there are indications of the disease returning in the adjacent pelvic tissues. This was expected.

CASE XVII. *Multiple tubercular abscess of right groin, right hip and lumbar region, and right psoas abscess.*

This operation was performed October 30, 1893, in a private room of a boarding house in the city. A thorough curettment and dissection of diseased tissue was made, and all healed kindly and without infection except the "psoas abscess," which required a second operation in lumbar region, after which recovery was satisfactory. The infection came from the deep-seated abscess and not from external infection.

CASE XVIII. *Exsection of portion of crest of ilium for gunshot wound.*

Operation May 11, 1893, and bullet removed from body of ilium about two inches below crest. The wound was thoroughly cleansed and packed and dressed antiseptically, and healed without infection.

CASE XIX. *Extensive pyosalpinx of right tube.*

Mrs. Y., aged twenty-eight, married, multipara. Youngest child eight months old. She was operated on March 10, 1893, in private residence in country. The abscess cavity contained nearly two gallons of pus; the cyst was adherent to the anterior abdominal wall; the cyst cavity was cleansed and packed with iodoform gauze, and patient made a very satisfactory recovery.

CASE XX. *Supra-pubic lithotomy with immediate closure of bladder.*

R. B., male, aged thirty-four. Operation performed March 5, 1893, in private residence in city. Calculus about one inch in length and three-fourths of an inch in width and one-half inch in thickness. Recovery was uneventful except a stitch abscess in lower angle of parietal wound, which no doubt was due to a faulty technique, and not to the room or locality.

CASE XXI. *Supra-pubic lithotomy without immediate closure of bladder.*

Mr. A. D., farmer, aged fifty-nine; general condition bad; albuminuria; specific gravity of urine 1004 at time of operation; temperature 102, pulse 110. Operation at country residence January 16, 1893. No external infection of wound; and considering his very favorable condition at time of operation, his recovery has been tedious, but gradual, and he is now able to do light work and ride to town and back, eight or ten miles. It is one of those cases of delayed operation. An earlier operation would have promised him a more speedy and complete recovery. The calculus weighed four ounces and sixty grains.

CASE XXII. *Operation for "hare lip".*

C. H., male child, aged fourteen months. Operation January 11, 1893, in a private room in city. Primary union was obtained, and results satisfactory.

CASE XXIII. Double Ovariotomy for Cystic Degeneration of Ovaries.

Mrs. G., aged forty-two, multipara. Operation June 30, 1893, in private house in town. No infection of wound, and primary union was obtained. Recovery uneventful and satisfactory.

CASE XXIV. Vaginocele of Posterior Wall.

Mrs. L., aged thirty, multipara. Operation June 9, 1893, in a private house in town. Patient and room were carefully prepared. Primary union was obtained and recovery was full and complete.

CASE XXV. Laparotomy for Salpingitis and Chronic Ovaries with Extensive Pelvic Adhesions.

Mrs. K. aged twenty-nine, sterile, an invalid for several years. Operation August 12, 1893, in private house. Room and patient prepared in about three and one-half hours, prior to operation. On account of extensive adhesions, operation was prolonged nearly one hour. Recovery was full and complete without wound infection.

Case XXVI. Operation for Extensive Hemorrhoids with Clamp and Cautery.

Mrs. W., aged sixty, farmer's wife. Operation July 27, 1893, at residence in country. Room and patient properly prepared prior to operation. Recovery prospered favorably and satisfactorily without wound infection.

Case XXVII. Double Ovariotomy for Prolapsed Adhesions and Enlarged Left Ovary, and Fibroid Degeneration of Right, with Salpingitis.

Mrs. C., aged thirty, multipara. Operation August 21, 1893, in private room in town. Patient and room suitably prepared for operation. In this case a stitch hole abscess developed during the first week, caused by the dressing becoming displaced and contaminated by patient. The recovery was also retarded by an old stricture of the rectum, which required subsequent dilatation, after which recovery progressed as rapidly as could be expected.

Case XXVIII. Amputation of Three Fingers.

Master G. T., aged eleven years, had hand crushed in machinery. Operation November 27, 1893, in office. Patient and wound were prepared in office, and primary union obtained without wound infection.

Case XXIX. Removal of all the Metacarpal Bones of Left Hand, except the Thumb, together with the first row of the Carpal Bones, for Necrosis.

Mr. J. O., aged thirty, farmer. Operation in office January 3, 1894. Patient prepared for operation after coming to office. On account of the extensive necrosis of bone and soft tissues with suppuration throughout the entire diseased area, an aseptic operation was out of the question, but by the exercsse of strict antiseptic precautions the wounds have healed kindly, and he will have a very useful hand. This is conservative surgery, as amputation of lower third of forearm would have been good surgery, considering the extensive disease of bone and soft tissue.

Case XXX. Double Ovariotomy for Chronic, Ovaritis and Puerperal Mania.

Mrs. C., aged twenty-eight, multipara, youngest child fourteen months old, developed puerperal mania two or three weeks after birth of last child, and for a year had been an inmate of the asylum. The operation was performed October 26, 1893, at private residence. Room and patient were properly prepared for operation. Primary nnion was obtained and the convalescence has been uninterrupted. The mental condition has gradually improved, as has also her general health, and her friends have considerable hope of a complete cure, but sufficient time has not elapsed to tell what the final results will be.

Case XXXI. Laparotomy for Salpingitis and Fibro-Cystic Degeneration of Ovaries.

Mrs. W., aged thirty-two, multipara, had been an invalid and confined to the house for over three years prior to operation. Every treatment had failed to relieve her in the least. Operation August 10, 1893, at her residence. Patient and room had been carefully prepared for operation. Primary union was obtained and recovery has been uneventful and satisfactory. She now superintends her own household, walks, rides, visits, without pain or discomfort.

Case XXXII. Abdominal Hysterectomy for Uterine Lipoma.

Mrs. M., aged forty-four, multipara. Operation April 11, 1893, at private residence. Room and patient properly prepared for operation. Incision in "linea alba" entered from pubes to one inch above umbilicus. Tumor and uterus weighed eight pounds. Stump dressed extra-peritoneal. Primary union was obtained. No wound infection. Serenude removed on the fourteenth day, and restoration to perfect health has been uninterrupted.

Case XXXIII.

Mrs. K., aged twenty-seven, primipara. Instrumental delivery in August, 1893, resulting in rupture of perineum, sphincter ani and recto-vaginal septum about one and one-half inches. "Perine-orraphy" performed at private residence in country on February 1, 1894, in room previously prepared for that purpose. Patient was carefully prepared, and special antiseptic precautions were taken with the rectum and vagina and field of operation. Primary

union was obtained without wound infection, and now, three weeks after operation, we can safely and reasonably expect a successful termination of the case.

In this western country, where hospital facilities are so limited, and where, from necessity, much surgical work must be done outside of well-regulated hospitals, it is proper for the profession to know what can be done, and to study and consider the best means to obtain the best results.

Many surgeons throughout the country are doing creditable work in private practice; but with greater care in the preparation of operating room and patient, and more especially of the hands of the operator and his assistants, and his instruments and dressings, for better results may be obtained. Fatal termination of surgical operations will occur in private as well as in hospital practice, but I have never seen one that I believed to be the result of external infection that might not have occurred in hospital practice, and I believe that with proper care in your antiseptic procedures in every particular, you may confidently expect "Successful Surgery in Private Practice."

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IN acute inflammation of the throat in parotitis and tonsillitis, nothing will give more prompt and permanent relief than one-fiftieth to one-tenth of a grain of calomel or from one-fourth to one-sixth of a grain of the gray powder every hour for the first ten hours and then every two hours.

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CALOMEL is a good blood tonic, increasing the red blood corpuscles, given in one-sixth grain doses three times a day, but should not be continued longer than six weeks or two months without resting a week.

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THE bladder should be full of water when sounding it for stone.


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**Topeka, Kansas, Saturday, March 3, 1894.**


## Medical Legislation.

We publish herewith two letters suggestive of a plan for operation in securing needed legislation:

*Editor Kansas Medical Journal.*—DEAR DOCTOR.—I am heartily in accord with you in your efforts to procure suitable medical legislation. We have been too long without protection from the quacks and pretenders, and it appears to me that with a united effort we ought to be able to accomplish it this coming session. In order to do so, I think every county in the state should be represented by one or more of a committee whose duties should be to see that the representative elect of the county and senator from the district are pledged to support such a bill. I feel confident that I can do that in this county, and I think some one can be found in every county who will be able to do the same. I think it would be a

good idea to hold a convention in Topeka either just before or after the meeting of the State Medical Society in Atchison for the purpose of systematizing the work. A better attendance would probably be had if held at that time. Yours very truly,

H. Z. HISSEM, M.D.,
Ellsworth, Kansas.

*Editor Kansas Medical Journal.*—DEAR SIR.—There is certainly no question but that Kansas needs an efficient law regulating the practice of medicine within her confines. It is equally certain that no such law will be formulated in the near future without the combined effort of the regular medical profession of the state.

I have been assured by men in a position to know that the passage of a satisfactory medical law is an impossibility so long as the men now forming our legislature are in power. That is to say, it cannot be done until we place in the legislative bodies men who feel an interest in a measure of this nature, sufficiently strong to labor and vote for its passage.

To arouse this interest in men sent to our legislature it is necessary to appeal to them before election, for it is perfectly obvious that such interest can never be awakened after election. Each physician should, if possible, gain the views of the respective candidates, and vote for the one most likely to carry out the wishes of the medical profession, irrespective of petty party political issues, for there is certainly no issue of more vital importance to the individual physician than a law properly protecting both the interests of his patients and his own individual pocket.

On the other hand, each district society should pass suitable resolutions regarding the matter, and either there should be a combined meeting of representatives of the various local societies to form a suitable bill for presentation to the legislature, or the State Society should take up the matter of a bill to be presented to that body.

My own idea is that it is more properly the business of the State Society, for the reason that it is nothing more than a combination of the local societies, forming the representative medical body of the state, and carries or should carry a greater prestige than even a meeting of delegates from the various district societies.

Your journal, forming, as it does, the official organ of nearly all of the societies of the state, is in an excellent position to take up this matter and awaken the enthusiasm of the physicians throughout the state. Let the good work go on, and may the Lord be with you in person, for I can't; but am with you in spirit.

Respectfully,
E. B. LAFEVRE, M.D.,
Abilene, Kansas.

We favor the idea of a convention at Topeka just before the meeting of the State Society at Atchison. We think, however, that while the endorsement of the State Society is very essential, we can best secure the co-operation of all practitioners of the state by calling a general convention of representatives from each of the schools. We understand that the subject is to be discussed at the next meeting of the Northwest Kansas Society. If each of the county and district societies at their next meeting will bring the matter up for discussion, much may be accomplished toward the end in view. Every society in the state should adopt resolutions in favor of legislation, and send a representative to a general convention to be held at such time and place as may be agreed upon to prepare a bill and plans for securing its passage.

If it is decided best to call a convention at Topeka just previous to the meeting in Atchison, we will issue a call and see that it reaches every physician in the state of Kansas.

We dedicate our time, means and talent to the cause. Let the good work go on.

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THE commencement exercises of the Kansas Medical College will be held in Library Hall, March 28, 1894. This completes the twenty-six weeks of lectures, exclusive of the holidays.

## Medical Journals and Their Relation to the Profession.

"I have no time to read medical journals," or, "I take more journals than I can read," are expressions altogether too common among physicians all over the country. It is not by any means confined to those most busily occupied by professional duties; on the other hand, we find those physicians who have established reputations by their faithful, conscientious attention to business, and by their persistent, unrelenting labor of investigation, are the readers of medical journals. They never complain of having too much literature, but their journals are carefully laid away where at a moment's leisure they may be easily found. It is certainly no credit to any man's ability, and no guarantee of a successful or lucrative practice, to see a pile of medical journals upon his table with the wrappers still on them. It is almost an unfailing evidence of decline when a physician complains that he is too busy to keep posted. He wont be busy very long if such be the case.

There are times in every physicians history when his leisure moments from active practice are few and far between, but we are sufficiently familiar with the profession to know that this is not a perpetual condition even with the busiest of our brethren. The members of the medical profession, who are renowned for their successful work, who do not limit their practice either by county or state lines, are many of them authors of voluminous works, contributors to numerous journals and systematic readers of scores of the same. What are we to say, then, of the man who has no time to read four or five journals? Simply this: He is either not in touch with the progressive spirit of the age; he completed his knowledge of medicine in the lecture room, and sees no necessity for further investigation; or he is too ignorant of the principles of the science which he pretends to practice to understand or appreciate the thoughts or labors of his more intelligent brothers.

It is not a waste of time to read even the poorest of the medical journals.

We receive each month more than 150 journals which it is our business to examine. Some of these are placed high in the rank of medical journalism, others are suffering for lack of appreciation and support, but we often find as many practical suggestions and as many items of real value to the general practitioner among the latter class as in the former.

A man who reads to learn will find something he did not know before in most any magazine or paper he takes up. We often get new ideas from re-reading a book we supposed we were perfectly familiar with. The human mind is incapable of storing up every item of interest it lights upon. It needs to be continually fed and often by reading something apparently stale a forgotten idea is called to mind which may be of incalculable value, but journal items are generally new. It is there that the latest discoveries, the most recent investigations are reported to the medical world.

Medical editors are especially shy of communications having an ancient odor, and it is much for this reason that readers of numerous medical journals are better posted on recent facts in medicine than their brothers who confine themselves to text-books.

These new things in medicine do not all come from Germany, England, France, nor even New York. The physicians of the west are as much alive to the demands of the time and to the possibilities of advancement as are our more favored metropolitan brothers. Western medical journals are therefore the mediums of communication from the east to the west, and also from the west to the east.

AND now it is asparoline that will relieve dysmenorrhœa, post-partum pains, menostasis and menorrhagia.

## Higher Medical Education.

The editor of the *American Medico-Surgical Bulletin* says on this subject:

"We are glad to learn that within a year or two a four-years' course of study will be a requisite in more than half of our American medical colleges. There have been striking defects in our system of medical education, defects which no other government in the world would have tolerated with such patience as ours. There have been lack of stringent requirements in the matter of preliminary education, lack of sufficient hospital facilities, too short duration of actual study, and too great laxity in the final examinations. These facts are still true of the majority of our medical schools, and they owe their origin to two or three crying evils which it behooves us to eradicate. Undoubtedly the fundamental defects in our system owe their existence to the ease with which charters for medical colleges are obtainable, and to the selfish ambitions of some medical men."

Is it true that the fundamental defects owe their existence to the ease with which charters for medical colleges are obtained? The present system of medical education is certainly an improvement on that in vogue a few years ago, when only two courses of lectures were required by any of the colleges. To whom was due the credit of the old two-year system? Certainly not to the "ease with which medical charters are obtainable," because it was established by the first medical colleges in the land, and these were neither the fourteen "execrable" institutions in Missouri, nor the fifteen in Ohio, but they were the colleges in the larger cities. To our present large and prosperous metropolitan institutions belongs the honor of establishing our early standard of medical education.

The author proceeds to state that a large number of medical colleges owe their existence to the selfish ambitions of some medical men, their desire to be known as professors, etc., that they give no guarantee that they are possessed of even the rudiments of an education or of any qualifications whatever for instructing others in the science of medicine, and then most logically concludes that there should be not to exceed thirty medical colleges in the country, and that these should be distributed among the large centers of population.

The editor of the *American Medico-Surgical Bulletin* is very evidently ignorant of the work of these institutions, and totally incapable of estimating the qualifications of their instructors. Admitting that the large centers of population afford better clinical and hospital facilities, which does not, by any means, prove that the clinical instruction of schools there located is better than others, it is apparent to any unprejudiced mind that more thorough didactic instruction can be given to classes of twenty-five or fifty than to classes of 400 or 500. We believe it is a rule in most colleges (we know it is in the western institutions) to confine all clinical work to the latter portion of the three-years' course; in other words, teach the students the principles of medicine before we attempt to initiate them into its practice. Again, we believe it will be admitted by a majority of the profession that the clinical advantages offered by the polyclinic or hospital training is far superior to such instruction, given to a half-thousand students at a time, in some of our large colleges. We have ourselves sat day after day in one of these institutions trying to see operations through an opera glass, What a travesty upon the term instruction are these public exhibitions of surgical skill before a class of 500 or perhaps 1,000 students!

We must insist that it is in the small schools, where classes are limited to twenty-five or fifty, where each and every student comes under the personal attention of each instructor, where each one is given an opportunity not only to witness, but also to assist in and perform surgical operations, where in the clinic room every member of the class is given a chance to thoroughly examine each case and personally watch its progress, where obstetrics is not only demonstrated by the manakin, but every student before he graduates is expected to

witness and personally direct a case of obstetrics. It is in these institutions that students of medicine are given that practical knowledge which fits them for successful practice. It is from these institutions that the student goes out confident of his ability and familiar with the work he may be called upon to do.

## Stemen's Method for the Reduction of Fracture-Dislocation of the Shoulder-Joint.

Dr. T. H. Manley, of New York, makes the following remarks on the method of treating bone traumatisms of the shoulder-joint, devised by Dr. C. B. Stemen, of Indiana, as long ago as 1870: As to the precise technique of the operation that will be given in detail by Dr. Stemen. The cardinal purpose of the operation is an excellent one that no other procedure will fulfill. It is simply to expose the upper fragment sufficiently to secure a firm grip with appropriate forceps. This step gives us at once a great addition of leverage; in fact, it is a substitute for the inferior end of the shaft. Besides, it enables us to steady and direct the necessary force while applying it. The head of the bone reduced, the case is treated as in any compound fracture. At first sight this may seem a bold and dangerous procedure, but it should not be forgotten that the treatment of all joint lesions has been revolutionized, simplified and rendered safer within the past twenty years. This certainly must be regarded as one of the most important additions to the treatment of complicated shoulder-dislocation that has been yet suggested.—*Cin. Lancet Clinic.*

BLUE mass is more liable to salivate than calomel, and calomel than gray powder. The action of calomel is more particularly on the upper bowel, while that of the bichloride of mercury is on the lower bowel.

## Temperature of the Body.

It is remarkable what slight variation there is in the temperature of the healthy human body.

The normal temperature is 96.6, and it is a fraction less than this one or two hours after midnight; while the maximum temperature occurs from one to two hours after the noon hour. The ingestion of food, fasting, exercise, all are factors in slightly ranging the temperature. The great peculiarity about the temperature in men is its evenness under all conditions. Heat or cold causes but slight variation, and in man less than in any other animal. In extremes that would be fatal to many animals, man can endure and enjoy good health under those circumstances.

We read of arctic voyagers enduring a temperature ranging from 80° to 90°, and even 102° below zero, while on the other hand, in the tropics, during the greater part of the year, the temperature ranges from 106° to 110° above, and yet men enjoy health in such varying temperature.

We are told that the workmen of Sir F. Chantrey were accustomed to enter a furnace in which his molds were dried whilst the floor was red hot and a thermometer in the air stood at 250° F. And Chabert, the fire king, was in the habit of entering an oven the temperature of which was from 400° to 600° F. Such heats are dry, and should the atmosphere be moist and evaporation from the body thus prevented, such intolerable heat could not be endured.

THE best time to give cod-liver oil is just before or immediately after eating.

TROUBLESOME eructations may be stopped by lying on the right side in some cases.

## Stricture of the Urethra Treated by Water Pressure.

BY CHARLES J. SMITH, M.R.C.S., ENG., ETC.

From the Lancet, January 13, 1894.

Surgeons, and perhaps more particularly general practitioners, from time to time find themselves face to face with cases of strictured urethra that offer complete opposition to all efforts made for their relief. Such cases are usually most urgent and distressing. The plan pursued with two patients, as detailed below, will, I think, commend itself, as it is evident that though no instrument may be passed the pressure exercised at the first attempt is sufficient to obtain an amount of dilitation that allows the subsequent hot-bath treatment to afford a marked relief to the overcharged bladder, and thus enabling both the patient and surgeon to tide over a most trying, if not perilous, condition, eventually permits successful catheterism even where speedy operative interference appeared to be inevitable.

CASE I. In September, 1889, Dr. Ramskill kindly sent me a patient for treatment who had been the subject of urethral stricture for nearly thirty years. He had become so bad that at the time I first saw him he had for days been able to void only a few drops of urine with the most painful effort. In attempting to pass a catheter, I found it impossible to introduce even a catgut; so, directing him to take a hot bath and endeavor to gain relief to his bladder, I left him for the time being. Later he had managed to obtain a certain amount of relief. I therefore arranged to see him in my consulting-room on the following morning, but here I again found it impossible to get anything through the stricture. It occurred to me that I might try the effect of the pressure of a column of water. Fortunately, I had a Palfrey's vaginal douche at hand, and from this I detached the terminal tube and affixed the nozzle of a Tomson's bladder washing-bottle, which is provided with a stopcock. Raising the douche to the highest point I could gain in my room, and passing a blunt traveling catheter (railroad) down on to the stricture, I slipped the nozzle into its free end and turned the tap, meanwhile holding the catheter firmly in its place, continuing the water pressure for about half an hour, and now and then closing the tap in order to relieve the patient, who said that he felt that the water was finding its way into the bladder. At the expiration of the half hour, I directed him to try to pass urine. This he succeeded in doing to a certain extent and manifestly in a freer manner, though the dribble could scarcely be dignified by the term "stream." On the morrow I again applied the water pressure with a marked result, and on the third day used it again, after which I was able to pass a French No. 1 catheter *a boule* and empty the bladder. The case was then duly conducted through the ordinary course of dilation up to about No. 11 English.

CASE II. In December, 1891, Dr. Ramskill was again good enough to send me a case of urgent retention, using the expression as applied to the bladder simply. The patient had but recently returned from Africa in order to be treated for a long-endured stricture that had got beyond his own control. He came to my room in great agony, but I found it impossible to overcome the stricture. Remembering the success of the former case, I at once prepared my douche and applied the water pressure, but he could not bear it for more than five minutes. I ordered him to have a hot bath, and I saw him again on the next day. He had been able to dribble away, in a series of hot baths, sufficient to gain some slight relief, but was now in a state of terrible suffering. I tried No, 1 catheter and a catgut, but to no purpose. I therefore at once applied the water pressure, which he bore better, but still I could not pass even catgut, so I resorted to hot baths again. On the third day the same condition obtained, and the same measures were taken. On the fourth day he appeared to be worse, and his symptoms were really so urgent that I told him he must go home, so that I might operate upon him. While I was talking to him I kept up the pressure, and finally made one

more trial with a No. 1 catheter, happily with success; it slipped in almost easily, and gave the patient much relief. The subsequent conduct of the case was easy and rapid, and he was able to return to Africa.

These cases so impressed me that I have never had a troublesome case since in which I have persevered in the attempt to pass a catheter if the stricture was difficult or offered much resistance. I invariably insert the traveller and turn on the water, and always with gratifying results, the catheter passing then without further trouble. There is no doubt that the water acts under pressure as an elastic wedge or dilator. The necessary apparatus for this treatment consists of a cistern, which may be either an india-rubber bag or a zinc box, capable of holding a quart of water, a length of flexible tube, and a nozzle provided with a stopcock; the nozzle will fit into the top of a soft catheter which terminates in an open end. The cistern must be raised to the highest point of the room, over the couch upon which the patient reclines; the catheter must be kept closely applied to the stricture; the water pressure is then to be effected by turning the stopcock, and can be put off or on according to the patient's toleration.

## To Raise the Standard of Medical Education.

A meeting of the committee of the Association of the American Medical Colleges was recently held, and the following resolutions adopted, to present to the association in June at San Francisco. The committee agreed upon the following as necessary to admission to any of the seventy-one colleges forming the American Association:

English composition, in candidate's handwriting, not less than 200 words, composition to include spelling, punctuation, paragraphing and construction. Examination in arithmetic, algebra through quadratics and elementary physics. Latin to the extent of one year's study as indicated by Harkness' Latin Reader.

Graduates or matriculates of reputable colleges and high schools of the first grade, or normal schools established by state authority, or who have successfully passed the examination provided by the state of New York, may be exempt from the requirements named.

Students deficient in one or more branches named as requirements shall have time until the beginning of the second year to make up such deficiency; provided, however, that students who fail in any two of the requirements in this second examination shall not be admitted to the second course.

A resolution was adopted to recommend to the association that after the year 1895 no medical college shall be permitted to remain or become a member of the association that does not provide either for a three-year course of eight months' study or a four-year course of not less than six months in each year.

A sub-committee was ordered to be appointed to prepare a curriculum of studies in the medical colleges providing for the minimum of time and lectures to be devoted to each one. This sub-committee will report to the general committee at the San Francisco convention.

We would suggest that the committee also recommend the introduction of a branch chair in the various colleges for the study of medical journalism.—*Times and Register.*

## Agreeable Iodide Preparation.

The following preparation, according to Prof. Fournier, will suit the most fastidious palate:

℞

Iodide of potass.....grms. 25
Anisette of Bordeaux..grms. 150
Simple syrup.....grms. 350

A tablespoonful of this preparation represents exactly a gram of iodide of potassium. It should be given pure or with water immediately before meals, as it is much better tolerated at this time.—*S. N. Y. Ther. Rev.*

## The Action of Electricity on the Pneumogastric—Is it of Value in Chloroform Narcosis?

BY A. D. ROCKWELL, M.D., NEW YORK.

From the Medical Record, February 24, 1894.

On December 28, 1893, a child, aged six, was brought to my office with a large nævus materni or erectile tumor upon the cheek. She was chloroformed and needles introduced into the enlargement preparatory to the electrolytic action of the current, when suddenly the respiration ceased, the pulse became imperceptible, and the only evidences of life were very faint and convulsive heart-beats. A faradic apparatus was at hand and one pole was immediately placed at the junction of the clavicle and the outer border of the sterno-cleido mastoid muscle, and a vigorous current applied. Evidences of returning vitality were seen almost immediately, and within a few moments the heart was again beating regularly. Did the electricity accomplish the good in this case, or, as some might claim, did the heart, unaided, resume its normal action? The question as to the influence of electricity on the heart through its action on the pneumogastric, is certainly a very interesting and a very important one. It has been claimed that in chloroform narcosis electricity will do more harm than good, since its tendency is to stimulate still further the inhibitory function of the vagus. My experience, however, is that ordinary external applications affect the inhibitory fibres of the vagus that go to the heart in no such degree as they affect the accelerating fibres which in great measure constitute the branches that supply the respiratory organs. The very remarkable effects of the faradic current in keeping up the respiration in cases of opium-poisoning are known to all. In one case of this kind that I saw, where the current was continuously employed for six or eight hour, the respiration would sink to two or three a minute, and the heart-beat manifestly weakened whenever the action of the current was interrupted.

Immediately on resuming the current the respiration would increase to eight per minute, and as the effects of the opium gradually wore away, the frequency of the respiratory act increased.

Now, in this case and in others of a like character that have fallen under my observation, it is fair to conclude that the current affected the accelerating fibres of the vagus controlling respiration, and not to any considerable extent the inhibitory fibres controlling the action of the heart. In chloroform-poisoning, of course, a different condition of things prevails. The heart is udder sedation, and any increase of the inhibitory effects of the pneumogastric might be dangerous. Fortunately there is little danger of this in the use of the induced current, at least in ordinary percutaneous applications.

According to Von Ziemssen, who made many carefully conducted experiments by means of cardiographic traceings, induced currents have absolutely no influence on the frequency or force of the cardiac contractions, and from that fact the erroneous conclusion has been drawn that induction currents were valueless in threatening death from heart-failure. The facts are that electricity does good in increasing respiratory activity, the strength of current necessary for this purpose being insufficient to materially interfere with the movements of the heart, through its action on the inhibitory fibres of the pneumogastric that control it. Dr. George F. Shrady reports the case of a boy where death was imminent after the administration of chloroform. Respiration ceased and the pulse could not be felt, but through prolonged artificial respiration the life of the patient was saved. This confirms the report of the Hyderabad Commission, "that it is of primary importance to keep track of the respiration in administering chloroform; if this is kept up the heart will give no trouble."

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A STARVED tramp said he was so thin that when he had a pain he couldn't tell whether it was a stomachache or a backache.

### Tobacco Habit.

Dr. Harger, in the October *Brig*, gives the following:

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Salæine.....
Cinchonidia.....aa..ʒ j
Powd. ext. nux. vom....
Sulph. quinine.....aa..ϑ j
Powd. hydrastis.....
Fl. ext. blood root..aa..m. xxv

M. Make into 100 pills and take one three or four times a day, or when the desire for tobacco is strong.—*Ex.*

### Treatment of Atrophic Rhinitis.

In an article published in the *Brooklyn Medical Journal* of September last, Dr. Charles N. Cox, writes as follows: "The treatment of atrophic rhinitis naturally divides itself into local and general. The local treatment can be summed up in the words cleansing, deodorizing, and stimulating. The nasal passages should first be thoroughly cleansed with a coarse spray of an alkaline and antiseptic liquid. There is perhaps nothing better for this purpose than Dobell's or Seiler's solution. Where a cheap compound is desired for the patient's use, I order sodii biborat, sodii bicarb. aa. 1 dr, M. S. A teaspoonful in a pint of warm water." This is to be used gently as a douche. The next step to be taken is described by Dr. Cox as follows: "As a stimulant, alterative and deodorizer, I would place Aristol at the head of the list. I have been using this remedy for about two years and I am constrained to say that it has given more satisfaction than any one other agent I have ever employed in the topical treatment of atrophic rhinitis. It whips up the serous glands, to renewed activity, thereby relieving the dryness and lessening the liability to crust formation; it adheres closely to abraded surfaces, when insufflated acting as a protective and cicatrizant, and it deodorizes most effectually without substituting any odor of its own. The patient should use aristol from two to four times daily, with an auto-insufflator, after thorough cleansing of the parts." The author adds that "the general treatment of atrophic rhinitis should be directed toward the removal of any morbid conditions or constitutional defects which may be present."

FOR TRADE.—160 acres. S. W. ¼, section 22, township 11, range 28. Four miles from the pretty railroad town of Grainfield, Kansas, in Gove county. One of the best wheat and cattle counties; three miles of wire fence on place (two wires); good house, 24x30, (one story), four rooms; buttery and clothes press; one good out-door storm cellar; one horse barn, 26x30; one cattle barn, 22x32; one chicken house, 12x14; never-failing well, with good wind-mill and larger tanks (for watering cattle), 100 barrel capacity; good yards and cattle yards, with pipes under ground from large tank to small one in cattle yards; all buildings are of frame; 80 acres in cultivation, and is a very smooth quarter of land; all of it can be plowed if necessary; four miles from good town; price, $2,500. There is no incumbrance whatever on place, and the title is perfect. I want a good, clean stock of drugs from $1,500 to $2,500; Kansas preferred. I want a stock that is not incumbered in any way. Address

C. C. KEYS,
723 Kansas Ave., Topeka, Kansas.

DR. BERNARD WOLFF, Lecturer on Dermatology at the Southern Medical College, Atlanta, Ga., writes us:

"While a pupil and voluntary assistant of Dr. Unna, of Hamburg, I had the opportunities of observing the remarkably rapid and satisfactory results gained by the use of his Plaster and Salve-Mulls. They go far to simplify the details of dermatological practice, and possess the advantage of accuracy of apportionment of ingredients and convenience of application."